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Medical Examinations By Last Name

Civil War

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11-4-1861

Young, Wallace C.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Wallace C. Young*, age *26 Years*, occupation  
*Fisherman*, born in *Trenton*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None*
2. Have you any disease of throat, or difficulty of utterance? *None*
3. Have you any disease of Lungs or Heart? *None*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *None*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *None*
6. Have you been vaccinated within seven years? *No.*

REMARKS.

DATE: *Nov. 4, 1861*

RENDEZVOUS: *Ellsworth.*

*W. Perry, Recruiting Officer* ~~Examining Surgeon~~